

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received  
Official Use Only  
MAR 03 2015

CG

COVER PAGE

ADMN/CITYMGR

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
WHALEN ROBERT Michael, JR.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Clovis

Division, Board, Department, District, if applicable

City Council

Your Position

Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of Clovis

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2014, through December 31, 2014.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2014, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed

2/2/15

(month, day, year)

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Bob Whalen</u>
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▶ NAME OF SOURCE (Not an Acronym)  
Clouis Rodeo Association

ADDRESS (Business Address Acceptable)  
P.O. Box 445

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Clouis CA 93613

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/25/14</u>	<u>\$ 140</u>	<u>Rodeo Tickets</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
CRU

ADDRESS (Business Address Acceptable)  
20146 Road 21

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Madera, CA 93637

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/23/14</u>	<u>\$ 71</u>	<u>Wine</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
Lozano Smith

ADDRESS (Business Address Acceptable)  
7404 N. Spauling

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Clouis, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/3/14</u>	<u>\$ 144.00</u>	<u>Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

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<u>  /  /  </u>	<u>\$</u>	<u> </u>

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<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_